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Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State,

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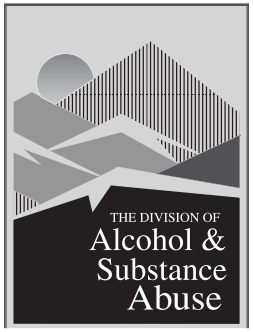
Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State

2003 Report



David H. Albert

October 2003

Kenneth D. Stark, Director
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GARY LOCKE
Governor

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Message from the Governor

October 2003

I am pleased to share with you the 2003 edition of *Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State*. This report makes clear the great stake we all share in finding ways to combat the misuse of alcohol, tobacco, and drugs, which exact a heavy toll upon Washington families and their children.

This Trends Report provides a wealth of information regarding the prevalence of substance abuse among youth and adults, as well its effects upon our health and well being. Addiction to alcohol, tobacco, and drugs adversely impacts public health and safety, resulting in increased violence, crime, delinquency, birth defects, automobile accidents, and illness. It inhibits economic vitality and our efforts to improve education.

Fortunately, prevention strategies and treatment programs are working. Under my direction, the Washington State Substance Abuse Prevention System has brought together the directors of state agencies, councils, commissions, and boards. Together, they are addressing Washington State's objectives and strategies for a coordinated substance abuse prevention system. As shown in this Report, the System is beginning to pay off in healthier, safer communities.

Reliable and comprehensive information is essential to assist in decision-making at both the state and local levels. This Report serves as a valuable tool for distributing facts that guide us in our continuing efforts to address this critical problem.

Sincerely,

Gary Locke
Governor

Message from the Director

Some things change, and some remain the same.

2003 is a difficult year for state governments around the nation, and Washington State is no exception. The state economy is less robust than in the past, unemployment is high, and the state faces budget deficits on a scale never before seen. Inflation in health care costs is accelerating. The very real needs of our residents are escalating at a time when we as a state seem least able to respond effectively to them.

That's the bad news. The good news, as detailed in *Tobacco, Alcohol, & Other Drug Abuse Trends in Washington—2003*, is that we at the Division of Alcohol and Substance Abuse (DASA), and our partners in the alcohol and drug abuse prevention and treatment field, are part of the solution, rather than the problem. And we are proud to report that our other partners at the local, state, and federal levels – policymakers, legislators, advocates, and funders – increasingly view us this way.

This *2003 Trends Report*, as have previous *Trends Reports*, illustrates why. The research is clear: providing quality substance abuse prevention and treatment services is a sound investment in the future health and productivity of individual residents, and the welfare and safety of our families and communities. And it often saves dollars *today*. A 2003 study of Supplementary Security Income (SSI) clients in need of chemical dependency treatment found that medical, mental health, nursing home, and criminal justice costs for those who received treatment were $252 per month lower than those who didn't. This is even factoring in the cost of treatment. If an additional 30% of the almost 11,000 SSI recipients in need were to receive treatment, the annual cost savings would be approximately $9.6 million.[1] Similar savings have been reported in the treatment of adolescents, pregnant and parenting women, Temporary Assistance for Need Families (TANF) clients, low-income adults, and among patients receiving opiate substitution treatment.

In the prevention arena, agencies have now been brought together under the Governor's Statewide Prevention Plan to focus on evidence-based approaches. DASA now requires that scarce resources be spent on program designs that are science-based. These are programs proven to get results, with healthier youth and stronger, more vibrant communities as a consequence. This year's *Trends Report* details five of these programs, which now exist in every corner of the state.

There is plenty left to be done. Only one out of four adults in Washington State who are in need of, and qualify for, publicly funded chemical dependency treatment receive it. Waiting lists for treatment under the Alcohol and Drug Abuse Treatment and Support Act have tripled in the past decade, and stand at an all-time high. As our efforts to ensure higher treatment retention and completion rates – and hence better outcomes – bears fruit, fewer individuals will be able to access care unless new resources are found. This, in turn, increases the burden on public assistance, medical and psychiatric health, social service, and criminal justice systems.

With our community partners in the prevention and treatment fields, DASA continues its commitment to a healthier Washington. We *are* part of the solution. We look forward to joining together with others to support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and supporting individuals in their recovery from the disease of chemical dependency.

Kenneth D. Stark, Director

[1] Estee, S. & D. Nordlund. *Washington State Supplemental Security Cost Offset Pilot Project: 2002 Progress Report.* Olympia, WA: Washington State Department of Social and Health Services, Management Services Administration, Research and Data Analysis Division, 2003.

The Division of Alcohol and Substance Abuse: Mission and Strategic Goals

In 2001, the Division of Alcohol and Substance Abuse (DASA), with the assistance of the Citizens Advisory Council on Alcoholism and Drug Addiction and others, adopted a new Strategic Plan for 2001-2006. In doing so, DASA revisited and revised its Mission Statement to reflect the needs of Washington residents and the philosophy behind the operations of the Division as we enter the 21st Century.

Mission

The Mission of the Department of Social and Health Services is to improve the quality of life for individuals and families in need. We will help people to achieve safe, self-sufficient, healthy and secure lives. The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

To succeed in its Mission, the Division of Alcohol and Substance Abuse is dedicated to building collaborative partnerships with communities, tribes, counties, service providers, schools, colleges and universities, the criminal justice system, and other agencies within the private sector and within local, state and federal governments. The Division is committed to ensuring services are provided to individuals and communities in ways that are culturally relevant, and honor the diversity of Washington State.

To carry forth our Mission, the Division of Alcohol and Substance Abuse will:

- Develop policy options, and plan for the development and delivery of an effective continuum of chemical dependency prevention and treatment services.
- Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, tobacco, and other drugs.
- Educate communities about the importance of maintaining healthy lifestyles, and provide opportunities, tools and resources to enable communities to define and meet their local substance abuse prevention needs.
- Implement a continuum of intervention and treatment services to meet local, regional, tribal and statewide needs, and which specifically address the needs of low-income adults, youth, women, children, and families.
- Support continued recovery and a return to competitive employment by helping individuals surmount barriers to self-sufficiency.

- Develop standards, and assist providers in attaining, maintaining, and improving the quality of care for individuals and families in need of prevention and treatment services.
- Provide training and professional development opportunities for the chemical dependency field.
- Oversee and coordinate research that identifies need for publicly funded services, and assesses prevention and treatment.
- Provide management information services and support to internal and external customers.
- Manage available resources in a manner consistent with sound business practices.
- Advocate for the enhanced availability of, and resources for, prevention and treatment services as a primary avenue for protecting and promoting the public health and safety of all Washington residents.

Strategic Goals

As part of its Strategic Plan and to serve its broader mission, DASA has set eight strategic goals for 2001-2006:

- Protect vulnerable adults, children, and families;
- Break down barriers to self-sufficiency;
- Assure public safety and help build strong, healthy communities;
- Reduce misuse and improve lives through preventive action;
- Honor diversity and promote equal access and opportunity;
- Promote accountability and public stewardship in policy, programs, and practice;
- Improve quality through innovation, technology and research; and
- Build a strong, committed workforce.

Introduction

The Division of Alcohol and Substance Abuse (DASA) first published the *Tobacco, Alcohol, and Other Drug Abuse Trends Report* in 1993 as an effort to document and monitor Washington State's progress towards the ***Healthy People 2000: National Health Promotion and Disease Prevention Objectives***. Published in 1990, ***Healthy People 2000*** provided statistical milestones by which health policymakers and analysts can measure progress in the prevention of morbidity and mortality. A successor – ***Healthy People 2010*** – published by the U.S. Department of Health and Human Services, sets new objectives for the current decade.

Healthy People 2000 noted the significant impact that alcohol, tobacco, and other drugs have on the health of individuals and communities:

> Recognition and acknowledgement of the gravity of alcohol and other drug problems in the United States are changing the social climate. Almost every national opinion poll places alcohol and other drug problems as a priority concern, and the national effort to prevent these problems have mobilized government, schools, communities, businesses, and families...Progress will depend greatly upon increasing levels of education and awareness.[1]

Public education and awareness are integral parts of DASA's goal – to reduce the likelihood of individuals becoming chemically dependent, and to provide an opportunity for chemically dependent persons to achieve and maintain recovery. This *Report* represents an important tool in our ongoing efforts towards this goal.

This is the 11th edition of *Tobacco, Alcohol, and Other Drug Abuse Trends*. We continue to expand and refine the *Report*. This year, we have added new information on the provision of substance abuse treatment services offered through the Department of Corrections. Profiles are provided for individuals receiving treatment through various modalities and funding sources, and for whom treatment outcomes are being documented. The section on the benefits of treatment completion and retention has been significantly expanded. Areas where new or changed trends are now being identified are clearly marked. Finally, there are two essays on policy issues confronting Washington State. They are:

- Alcoholism as a Chronic Disease
- Substance Abuse and Aging

[1] *U.S. Public Health Service, Healthy People 2000: National Health Promotion and Disease Prevention Objectives, pp. 164-165. Washington, DC: U.S. Department of Health and Human Services, 1990.*

The federal Controlled Substance Act (CSA) of 1970 gave Congress the authority to regulate the interstate commerce of drugs, and established five schedules that classify all substances, which were in some manner regulated under existing federal law. The placement of each drug is based upon the substance's medical use, potential for abuse, safety, and risk of dependence. The Act also provides a mechanism for substances to be controlled, or added to a schedule; decontrolled, or removed from control; and rescheduled or transferred from one schedule to another.

In determining into which schedule a drug or other substance should be placed, or whether a substance should be decontrolled or rescheduled, certain factors are required to be considered as follows:

- The drug's actual or relative potential for abuse;
- Scientific evidence of the drug's pharmacological effects;
- The state of current scientific knowledge regarding the substance;
- Its history and current pattern of abuse;
- The scope, duration, and significance of abuse;
- What, if any, risk there is to the public health;
- The drug's psychic or physiological dependence liability; and
- Whether the substance is an immediate precursor of a substance already controlled.

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Some Schedule I substances are heroin, LSD, marijuana, and methaqualone.

Schedule II

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or other substance may lead to severe psychological or physical dependence.
- Schedule II substances include morphine, PCP, cocaine, methadone, and methamphetamine.

Schedule III

- The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules I and II.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- Anabolic steroids, codeine, and hydrocodone with aspirin or Tylenol, and some barbiturates are Schedule III substances.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.
- Included in Schedule IV are Darvon, Talwin, Equanil, Valium, and Xanax.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.
- Over-the-counter cough medicines with codeine are classified in Schedule V.

Controlled Substances Uses and Effects

Drugs	CSA Schedules	Trade or Other Names	Medical Uses
NARCOTICS			
Heroin	I	Diacetylmorphine, Horse, Smack	None in U.S., Analgesic, Antitussive
Morphine	II	Duramorph, MS-Contin, Oramorph SR, Roxanol	Analgesic
Codeine	II, III, V	Empirin w/Codeine, Fiorinal w/Codeine, Robitussin A-C, Tylenol w/Codeine	Analgesic, Antitussive
Hydrocodone	II, III	Lorcet, Hycodan, Tussionex, Vicodin	Analgesic, Antitussive
Hydromorphone	II	Dilaudid	Analgesic
Oxycodone	II	Percocet, Percodan, Roxicet, Roxidodone, Tylox	Analgesic
Methadone and LAAM	I, II	Dolophine, levomethadyl acetate, Orlaam	Analgesic, Treatment of Dependence
Fentanyl and Analogs	I, II	Alfenta, Duragesic, Innovar, Sufenta	Analgesic, Anesthetic
Other Narcotics	II, III, IV, V	Buprenex, Darvon, Demerol, opium, Talwin	Analgesic, Antidiarrheal
DEPRESSANTS			
Chloral Hydrate	IV	Noctec, Somnos, Felsules	Hypnotic
Barbiturates	II, III, IV	Amytal, Florinal, Nembutal, Seconal, Tuinal	Anesthetic, Anticonvulsant, Sedative, Hypnotic, Veterinary Euthanasia Agent
Benzodiazepines	IV	Ativan, Dalmane, Diazepam, Halcion, Librium, Paxipam, Rohypnol[2], Serax, Tranxene, Valium, Versed, Xanax	Antianxiety, Sedative, Anticonvulsant, Hypnotic
Glutethimide	II	Doriden	Sedative, Hypnotic
Gamma Hydroxybutyrate[1]	I	GHB, Georgia Home Boy, Liquid Ecstasy	None in U.S.
Other Depressants	I, II, III, IV	Equanil, Miltown, Noludar, Placidyl, Valmid	Antianxiety, Sedative, Hypnotic

Source: U.S. Department of Justice, Drug Enforcement Administration

[1] Washington State Board of Pharmacy has GHB and related analogs included in Schedule III.
[2] Some of the following drug names are products that may contain other active agents.

Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
NARCOTICS							
High	High	Yes	3 - 6	Injected, Sniffed, Smoked	• Euphoria • Drowsiness • Respiratory depression • Constricted pupils • Nausea	• Slow & shallow breathing • Clammy skin • Convulsions • Coma • Possible death	• Watery eyes • Runny nose • Yawning • Loss of appetite • Irritability • Tremors • Panic • Cramps • Nausea • Chills & sweating
High	High	Yes	3 - 6	Oral, Smoked, Injected			
Moderate	Moderate	Yes	3 - 6	Oral, Injected			
High	High	Yes	3 - 6	Oral			
High	High	Yes	3 - 6	Oral, Injected			
High	High	Yes	4 - 5	Oral			
High	High	Yes	12 - 72	Oral, Injected			
High	High	Yes	10 - 72	Injected, Trans-dermal Patch			
High-Low	High-Low	Yes	Variable	Oral, Injected			
DEPRESSANTS							
Moderate	Moderate	Yes	5 - 8	Oral	• Slurred speech • Disorientation • Drunken behavior without odor of alcohol	• Shallow respiration • Clammy skin • Dilated pupils • Weak & rapid pulse • Coma • Possible death	• Anxiety • Insomnia • Tremors • Delirium • Convulsions • Possible death
High-Mod.	High-Mod.	Yes	1 - 16	Oral, Injected			
Low	Low	Yes	4 - 8	Oral, Injected			
High	Moderate	Yes	4 - 8	Oral			
Unknown	Unknown	Yes	Dependent on dose	Oral, Snorted			
Moderate	Moderate	Yes	4 - 8	Oral			

Controlled Substances Uses and Effects

Drugs	CSA Schedules	Trade or Other Names	Medical Uses
STIMULANTS			
Cocaine	II	Coke, Flake, Snow, Crack	Local anesthetic
Amphetamine/Methamphetamine	II	Adderall, Desoxyn, Dexedrine	Attention deficit disorder, narcolepsy, weight control
Methylphenidate	II	Ritalin	Attention deficit disorder, narcolepsy
Other Stimulants	II, III, IV	Adipex, Didrex, Ionamin, Melfiat, Meridia, Plegine, Prelu-2, Preludin, Sanorex, Tenuate, Tepanil	Weight control
CANNABIS			
Marijuana	I	Acapulco Gold, Grass, Mary Jane, Pot, Reefer, Sinsemilla, Thai Sticks	None
Tetrahydrocannabinol	I, II	Marinol, THC	Antinauseant
Hashish and Hashish Oil	I	Hash, Hash Oil	None
HALLUCINOGENS			
LSD	I	Acid, Boomers, Microdot, Trips	None
Mescaline & Peyote	I	Buttons, Cactus, Mescal	None
Amphetamine Variants	I	DOM, DOB, Ecstasy, MDA, MDMA, Nexus, STP	None
Phencyclidine & Analogs	I, II	Angel Dust, Hog, Loveboat, PCE, PCP, TCP	None
Ketamine	III	Ketaject, Ketalar	General anesthetic
Other Hallucinogens	I	Bufotenine, DMT, Ibogaine, Psilocybin, Psilocyn	None
ANABOLIC STEROIDS			
Testosterone (Cypionate, Enanthate)	III	Androderm, Delatestryl, Depo-Testosterone	Hypogonadism
Nandrolone (Decanoate, Phenpropionate)	III	Deca-Durabolin, Durabolin, Nortestonsterone	Anemia, Breast cancer
Oxymetholone	III	Anadrol-50	Anemia

Source: U.S. Department of Justice, Drug Enforcement Administration; National Institute on Drug Abuse

Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
STIMULANTS							
Possible	High	Yes	1 - 2	Sniffed, Smoked, Injected	• Increased alertness • Excitation • Euphoria • Increased pulse rate & blood pressure • Insomnia • Loss of appetite	• Agitation • Increased body temperature • Hallucinations • Convulsions • Possible death	• Apathy • Long periods of sleep • Irritability • Depression • Disorientation
Possible	High	Yes	2 - 4	Oral, Injected, Smoked			
Possible	High	Yes	2 - 4	Oral, Injected			
Possible	High	Yes	2 - 4	Oral, Injected			
CANNABIS							
Unknown	Moderate	Yes	2 - 4	Smoked, Oral	• Euphoria • Relaxed inhibitions • Increased appetite • Disorientation	• Fatigue • Paranoia • Possible psychosis	• Occasional reports of insomnia • Hyperactivity • Decreased appetite
Unknown	Moderate	Yes	2 - 4	Smoked, Oral			
Unknown	Moderate	Yes	2 - 4	Smoked, Oral			
HALLUCINOGENS							
None	Unknown	Yes	8 - 12	Oral	• Illusions and hallucinations • Altered perception of time and distance	• Longer • More intense "trip" episodes • Psychosis • Possible death	• Unknown
None	Unknown	Yes	8 - 12	Oral			
Unknown	Unknown	Yes	Variable	Oral, Injected			
Unknown	High	Yes	Days	Oral, Smoked			
Unknown	Unknown	Yes	Variable	Injected, Oral, Smoked			
None	Unknown	Possible	Variable	Smoked, Oral, Injected, Sniffed			
ANABOLIC STEROIDS							
Unknown	Unknown	Unknown	14 - 28 Days	Injected	• Virilization • Acne • Testicular atrophy • Gynecomastia • Agressive behavior • Edema	• Unknown	• Possible depression
Unknown	Unknown	Unknown	14 - 21 Days	Injected			
Unknown	Unknown	Unknown	24	Oral			

Street Prices for Illicit Drugs

DRUG	UNIT	AVERAGE STREET PRICE	RANGE
Heroin	GRAM OUNCE	$55 $766	$15-$120 $450-$1,300
Cocaine	GRAM OUNCE	$62 $752	$20-$100 $450-$1,200
Methamphetamine	GRAM OUNCE	$54 $694	$20-$100 $300-$1,200
Cannabis	GRAM OUNCE	$16 $257	$10-$30 $80-$400

Source: Northwest High Intensity Drug Trafficking Area (NW HIDTA), 2003.

The Northwest High Intensity Drug Trafficking Area (NW HIDTA) periodically gathers data on both the street prices and availability of common illicit drugs of abuse. Information is compiled from the Drug Enforcement Agency, U.S. Border Patrol, area narcotics taskforces, sheriff's offices, police departments, and the Coast Guard. Both price and availability can vary widely both by region and by county.

New/Changing Trends for 2003

Preparation of the *Trends Report* annually makes it possible to examine data for new or changing trends. Such trends can mark the success or failure of a recent legislative effort, a new intervention or change in public health practice, or changes in behavior. They may point the way toward increased need for surveillance, research and analysis, or reorientation in the delivery of public services.

For 2003, the following new or changing trends are worthy of note:

- Chronic drinking rates in Washington State are on the rise, and are at their highest point in more than a decade (page 61).
- The rate of alcohol-related traffic fatalities has significantly declined, and appears to be associated with the lowering of the blood alchol concentration (BAC) standard necessary for a Driving Under the Influence (DUI) determination (page 71).
- Deaths from residential fires are increasing (page 74).
- Rates of heroin-related deaths in Seattle-King County have declined substantially since 1998 (page 81).
- The number of other opiates identified in drug-caused deaths in King County has doubled since 1994 (page 82).
- Gonorrhea rates have increased more than 50% since 1998, and are associated with men having sex with men (page 96).
- For the first time in a decade, the number of reported methamphetamine laboratories/dumpsites is dropping (page 103).
- Waiting lists for treatment under the Alcohol and Drug Abuse Treatment and Support Act have tripled since 1991, and have risen rapidly in the past three years (page 183).
- Washington State has made a major commitment to providing chemical dependency treatment to offenders (page 218).

In addition, data gathered for this *Report* suggest there are three other trends worth monitoring:

- Tobacco use rates among youth appear to be declining (page 20).
- The infant death rate in Washington State is no longer declining, and may in fact be on the rise (page 68).
- Deaths due to chronic liver disease and cirrhosis are at their highest point in a decade (page 77).